## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.

## STATEMENT OF ECONOMIC INTERESTS

Dandeline Dang Received Official Use Only MAR 0 3 2015

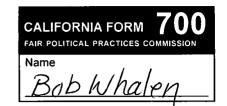
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**COVER PAGE** 

ADMN/CITYMGR

NAME OF FILER	WHALEN	(FIRST)	(MIDDLE)
	WHALEN	ROBERT	Michael, JR.
1. Office,	Agency, or Court		
Agency N	ame (Do not use acronyms)		
=:	City of Clouis		
Division, E	loard, Department, District, if applicable	Your Position	
City Council Council Member		lember 8 x	
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)		RACTI	
Agency: _		Position:	AP TAR
			<u> </u>
2. Jurisdi	ction of Office (Check at least one box)		
☐ State		_	sioner (Statewide Jurisdiction)
	ounty	_ •	9: 4 9: 5: 15: 0
City of	Clouiz	Other	<u> </u>
3 Type o	Statement (Check at least one box)	<u> </u>	
	al: The period covered is January 1, 2014, through December 31, 2014.	Leaving Office: Date L	eft
-0	The period covered is/, th December 31, 2014.	orough O The period covered leaving office.	is January 1, 2014, through the date of
Assu	ning Office: Date assumed/	O The period covered the date of leaving of	is, through office.
☐ Cand	date: Election year and office so	ought, if different than Part 1:	
4. Schedu	le Summary		J)
Check a	pplicable schedules or "None."	<ul> <li>Total number of pages including</li> </ul>	g this cover page:
Schedule A-1 - Investments – schedule attached  Schedule C - Income, Loans, & Business Positions – schedule			
	Schedule A-2 - Investments - schedule attachedSchedule D - Income - Gifts - schedule attachedSchedule B - Real Property - schedule attachedSchedule E - Income - Gifts - Travel Payments - schedule attached		
	-or-  None - No reportab	ale interests on any schedule	
5			
	in any attached schedules is true and complete. I acknowled acknowled and acknowled ac		
Date Sign	2/2/10		
	(month, day, year)		

## SCHEDULE D Income - Gifts



► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)	
Clouis Rodeo Association		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
FO. Box 445		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Clou's CA 93613		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
4,25,14,140 Rodeo Tickets	\$	
\$	\$	
\$	\$	
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)	
ADDRESS (Business Address Acceptable) 20146 Road 21	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Madera CA 93637		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
12, 23, 14 , 71 Wine	\$	
	\$	
	\$	
NAME OF SOURCE (Not an Acronym)  LOZGO Sim. H	► NAME OF SOURCE (Not an Acronym)	
ADDRESS (Business Address Acceptable) 7404 N- Spalling	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
2 17 17 5 17 E P	\$	
	\$	
	\$\$ \$ \$	
Comments:		